

For Agency use Only

COUNTY OF SUFFOLK



Complaint Number

Steve Levy
County Executive

Eric A. Kopp
Commissioner

SUFFOLK COUNTY DEPARTMENT OF CONSUMER AFFAIRS

This form is being sent to you in response to your request for assistance from this Department. Please complete the form as soon as possible. Please attach **COPIES** of appropriate documentation (correspondence, invoices, contracts, and related information). We need this material to try to resolve your complaint. **Please use black ink.**

PLEASE PRINT OR TYPE ALL ENTRIES – COMPLETE CONSUMER AND VENDOR INFORMATION

Consumer Information	Vendor Information
Your Name:	Name of Person or firm complaint is about
Address – Number and Street	Address – Number and Street
City State Zip	City State Zip
Telephone Number (including area code) (Home) (Business)	Telephone Number (including area code)
Your Mailing Address – if different from above	Your Account or Invoice number
	Name of person with whom you dealt at the facility
\$ Amount Disputed	Date of Transaction \$ Amount of Transaction

NATURE OF COMPLAINT OR PROBLEM: (Attach additional pages if necessary)

THE RESOLUTION YOU DESIRE: (Exchange, Refund, Repair, Deposit Returned, other restitution.)

Have you complained to any of the following:

To	Check if Yes	Date Contacted	Name
The Company			
An Attorney			
Other Agency			

PLEASE DO NOT FORGET TO ENCLOSE COPIES (not originals) OF ANY PERTINENT DOCUMENTS.

SUPPORTING DOCUMENTATION MUST BE ATTACHED BEFORE COMPLAINT CAN BE PROCESSED.

I UNDERSTAND THAT CONSUMER AFFAIRS MAY SEND A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION TO THE VENDOR OR TO ANOTHER AGENCY FOR RESOLUTION.

I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL.

X

(Signature is required, unsigned complaints will not be processed)

(Date)

Please Note :
A Fax of this form
will not be accepted.

Return signed forms to:
Suffolk County Department of Consumer Affairs
P.O. Box 6100
Hauppauge N.Y. 11788-0099
631-853-4600